X	T		THE STATE SECRETARY
			THIS SPACE FOR OFFICE USE
,	LOBBYIST	REGISTRATION	1 PATE FILED PDC
			(12/14)
Lobbyist Name	<u> </u>		DEC 1 4 2018
Davor Gjurasic		. •	1910, 1 & 2010
Permanent Business Address			Business Telephone Numbers
P.O. Box 22297 Olympia, WA 98508			Permanent ()
			Temporary ()
City	State	Zip	Cell Phone (360-561-1923)
•		шр	or Pager
2 Townson Thursto Court of the Little			
2. Temporary Thurston County address during legislative session			E-Mail Address
200 Union Ave SE, Olympia WA 98501			dgjurasic@comcast.net
Employer's name and address (person or group for which you lobby)			Employer's occupation, business or description of
Washington State Patrol Troopers Association, 200 Union Ave SE, Olympia WA 98501			purpose of organization
			Employee Representative Organization
4. Name and address of person having custody of accounts, receipts, books or other documents which substantiate			E-Mail Address
lobbyist reports. (Person responsible for producing the lobbyist employer's annual L-3 report.)			
Jeff Merrill, 200 Union Ave SE, Olympia WA 98501			Jmer921@gmail.com
5. What is your pay (compensation) for lobbying? Description of employment (check			or more boxes)
\$ 6,180.00 perMonth_ (hour, day, month, year)		☐ Full time employee	X Sole duty is lobbying
Other: Eveleia:		☐ Part time or temporary employee ☐ Lobbying is only a part X Contractor, retainer or similar agreement of other duties	
	I	Unsalaried officer or member of gro	
Are you reimbursed for lobbying expenses? Explain which	ch expenses.	Does employer pay any of your lobbying expenses directly? No If yes, explain which ones.	
Yes: \$ per X Yes: I am reimbursed for expenses.		in yes, explain what ones.	
□ No: I am not reimbursed for expenses.			
7. How long do you expect to lobby for this organization?			
X Permanent lobbyist			
8. Is your employer a business or trade association or organization which lobbies on behalf of its members or a representative entity which lobbies on behalf of businesses, groups,			
associations, or organizations? If "yes," attach a list showing the name and address of each member or funder who has paid fees, dues or other payments over \$1,450 during either of the past two years or is expected to pay over \$1,450 this year.			
X Yes. However, no member or funder has paid, pays, or is expected to pay over \$1,450.			
Yes. The list is of parties attached			
9. Does your employer have a connected, related or closely affiliated political action committee which will provide funds for you to make political contributions lockuding purchases tickets.			
to fund faising events? It so, list the name of that political action committee.			
X Yes. Name of the committee is: WSPTA PAC 10. If lobbyist is a company, partnership or similar business entity which employs others to perform actual lobbying duties, list name of each person who will lobby. (See WAC 390-20-			
143 and 144 for instructions.)			
NA NA			
dd. Arong of interest. I - I.			
 Areas of interest. Lobbying is most frequent before legisle or state agencies concerned with following subjects: 	auve committee members	Remarks:	
	SUBJECT		
	Health Care Higher education		
	Human services Labor		
05 ☐ Energy and utilities 13 X	Law and justice		
resources - parks 15 🗆	Local government State government		
	Technology Transportation		
	Other - Specify:		
CERTIFICATION: I hereby certify that the above is a true	complete and correct	FMPI OYER'S AUTHORIZATION: Confirming the ampleument outhority to labburders that	
statement.		EMPLOYER'S AUTHORIZATION: Confirming the employment authority to lobby described in this postration statement.	
12. LOBBYIST'S SIGNATURE	DATE	EMPLOYER'S SIGNATURE, NAME D	Ω
12/11/2018 / 1M / TESS WSPTA 12/5/			Pres. WSPTA 12/5/18
PDC Form L-1 (rev. 12/14) NOT VALID UNLESS SIGNED BY BOTH			
NOT VALID UNLESS SIGNED BY BOTH .			